

PUNCHED  
VERIFIED

ARIZONA STATE DEPARTMENT OF HEALTH *HEALTH* STATE FILE NO.  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRAR'S NO. *8327*  
*791*

BIRTH NO.

1. PLACE OF DEATH

A. COUNTY *Graham*

B. LENGTH OF STAY  
IN THIS TOWN *Life* IN ARIZONA *Life*

2. USUAL RESIDENCE

A. STATE *Arizona*

B. COUNTY *Graham*

C. CITY  
OR  
TOWN *Safford*

☒ IN CITY LIMITS  
☐ OUTSIDE CITY LIMITS

C. CITY  
OR  
TOWN *Safford*

☒ IN CITY LIMITS  
☐ OUTSIDE CITY LIMITS

D. FULL NAME OF  
HOSPITAL OR  
INSTITUTION *820 7th. Street*

D. STREET (IF RURAL, GIVE LOCATION) E. IS RESIDENCE ON A FARM?  
ADDRESS *820 7th. Street* YES ☐ NO ☒

3. NAME OF

A. (FIRST)

B. (MIDDLE)

C. (LAST)

4. SEX

5. COLOR OR RACE

6A. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (SPECIFY)

(TYPE OR PRINT)

*PETER*

*JACOB*

*JACOBSON*

*Male*

*White*

*Divorced*

6B. NAME OF SPOUSE

*Wilma May*

7. DATE OF BIRTH

MONTH *Oct.* DAY *30* YEAR *1899*

8. AGE (IN YEARS)

LAST BIRTHDAY *61*

IF UNDER 1 YEAR

MONTHS  DAYS

IF UNDER 24 HRS.

HOURS  MIN.

9A. USUAL OCCUPATION (GIVE KIND OF  
WORK DURING MOST OF LIFE EVEN IF RETIRED)

*Carpenter*

9B. KIND OF BUSI-  
NESS OR INDUSTRY

*Construction*

10. BIRTHPLACE (STATE  
OR FOREIGN COUNTRY)

*Arizona*

11. CITIZEN OF WHAT  
COUNTRY?

*U.S.A.*

12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(YES, NO, OR UNKNOWN)

*No*

(IF YES, WAR OR DATES OF SERVICE)

*None*

13. SOCIAL SECURITY  
NO.

*526-14-3557*

14A. FATHER'S NAME

*Peter Jacob Jacobson Sr.*

14B. BIRTHPLACE  
(STATE OR COUNTRY)

*Denmark*

15A. MOTHER'S MAIDEN NAME

*Abegale L. Fowle*

15B. BIRTHPLACE  
(STATE OR COUNTRY)

*Utah*

16. INFORMANT'S SIGNATURE

*Earnest Taylor Safford, Ariz.*

ADDRESS

17. DATE

OF  
DEATH

(MONTH)

*October*

(DAY)

*11*

(YEAR)

*1961*

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER  
LINE FOR (A), (B), (C).

THIS DOES NOT MEAN THE  
MODE OF DYING, SUCH AS  
HEART FAILURE, ASTHMA,  
ETC. IT MEANS THE DISEASE,  
INJURY, OR COMPLICATION  
WHICH CAUSED DEATH.

1. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH

(A) *Myocardial infarction*

ANTECEDENT CAUSES  
MORBID CONDITIONS, IF ANY,  
GIVING RISE TO THE ABOVE  
CAUSE (A) STATING THE UN-  
DERLYING CAUSE LAST.

MEDICAL CERTIFICATION

(B) *Insulin Reaction*

DUE TO (C) *Diabetes Mellitus*

INTERVAL BETWEEN  
ONSET AND DEATH

*Several years*

PLACE DISEASE CONTRACTED.

II. OTHER SIGNIFICANT CONDITIONS  
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT  
RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM *December 19. 57* TO *June* 19*61*. THAT I LAST SAW THE DECEASED  
ALIVE ON *22 June* 19*61*. AND THAT DEATH OCCURRED AT *approx 9:00 a.m.* FROM THE CAUSES AND ON THE DATE STATED ABOVE.

22A. SIGNATURE

(DEGREE OR TITLE)

*W. E. Clifford, M.D.*

22B. ADDRESS

*Safford, Ariz.*

22C. DATE SIGNED

*10-16-61*

23A. ACCIDENT  
SUICIDE  
HOMICIDE  
NATURAL CAUSE

(SPECIFY)

23B. PLACE OF INJURY (E.G., IN OR OUT HOME,  
FARM, FACTORY, STREET, OFFICE, BLDG., ETC.)

23C. (CITY OR TOWN)

(COUNTY) (STATE)

23D. TIME (MONTH) (DAY) (YEAR) (HOUR)

OF  
INJURY

23E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE

*W. E. Clifford*

24B. ADDRESS

*Safford Arizona*

24C. DATE SIGNED

*10-17-61*

25A. BURIAL ☒

CREMATION ☐

25B. DATE

*10/16/61*

25C. NAME OF CEMETERY OR CREMATORY

*Safford Union Cemetery*

25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE)

*Safford, Arizona*

26A. DATE REC.  
BY LOCAL REG.

*10-16-61*

26B. REGISTRAR'S SIGNATURE

*W. E. Clifford*

27A. FUNERAL DIRECTOR'S SIGNATURE

*W. E. Clifford*

27B. ADDRESS

*113 15th. Street*

28A. EMBALMER'S SIGNATURE

*W. E. Clifford*

28B. EMBALMER'S  
CERT. NO.

*369-A*

29A. EMBALMER'S SIGNATURE

*W. E. Clifford*

29B. EMBALMER'S  
CERT. NO.

*369-A*

FORM VS-2 REV. 5-15-55

15M AMPCO 25577